



# STATE OF MAINE

## Pass-through Entity Withholding Registration Form

### 1. BUSINESS INFORMATION

Legal Name \_\_\_\_\_ Doing Business As \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_  
Fed. Employer's ID # (FEIN) \_\_\_\_\_ Street Address of Business Location (Physical Location) \_\_\_\_\_  
Primary Mailing Address \_\_\_\_\_  
\_\_\_\_\_

### 2. REGISTRATION DATE FOR WITHHOLDING TAX: \_\_\_\_\_

(This is the date you began withholding Maine income tax or were required to withhold Maine income tax.)

### 3. WITHHOLDING TAX ACCOUNT ADDRESS

ADDRESS \_\_\_\_\_ ATTENTION \_\_\_\_\_  
\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**I certify that the information contained above is true, correct and complete to the best of my knowledge and belief. This application must be signed by an owner, partner, member, officer, trustee or personal representative.**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE PRINT OR TYPE YOUR NAME \_\_\_\_\_

### Instructions

**Line 1.** Enter the legal name of the business or organization. Examples are the partnership name or the exact name from the Articles of Incorporation.

Enter the federal employer's identification number (FEIN). **An FEIN must be provided to register for Maine Income Tax Withholding.** To obtain an FEIN, file federal Form SS-4 with the Internal Revenue Service. For information on FEIN's, call the Brookhaven Service Center in Huntsville, NY at (866) 816-2065, Maine Department of Labor, Central Registration Unit at (207) 287-2338 or visit the Maine Taxpayer Service Center in Augusta. Federal Form SS-4 can also be downloaded from the Internal Revenue Services Internet site, [www.irs.gov](http://www.irs.gov).

Also enter the business mailing address as well as the physical location address for the business.

**Line 2.** This is the date you began withholding or were required to withhold Maine income tax.

**Line 3.** Enter your business address. Withholding tax returns will be mailed to this address. Complete only if different from the owner's address in line 1.



Mail this application in the envelope provided or fax to: 1-207-287-3733.  
Department of Labor, Central Registration Section, PO Box 1057 Augusta, ME 04332-1057